Claims

1. A method of distinguishing among Stanford type A acute aortic dissection, Stanford type B acute aortic dissection, and acute myocardial infarction, which comprises detecting D-dimer and H-FABP in blood separated from a human suspected of having acute aortic dissection and suspected of having acute myocardial infarction.

2. The method of distinguishment of claim 1, which comprises comparing the D-dimer concentration detected in blood with a previously established D-dimer cutoff value, and comparing the H-FABP concentration detected in blood with a previously established H-FABP cutoff value.

3. The method of distinguishment of claim 2, which comprises:

(a) judging that Stanford type A acute aortic dissection has developed if the D-dimer concentration is not less than the previously established D-dimer cutoff value, and the H-FABP concentration is not less than the previously established H-FABP cutoff value,

(b) judging that Stanford type B acute aortic dissection has developed if the D-dimer concentration is not less than the aforementioned cutoff value, and the H-FABP concentration is less than the aforementioned cutoff value, and

(c) judging that acute myocardial infarction has developed if the D-dimer concentration is less than the aforementioned cutoff value, and the H-FABP concentration is not less than the aforementioned cutoff value.

4. The method of distinguishment of claim 2 or 3, wherein the D-dimer cutoff value is a cutoff value established between an acute aortic dissection group and an acute myocardial infarction group, and the H-FABP cutoff value is a cutoff value established between a group consisting of an acute myocardial infarction group and a Stanford type A acute aortic dissection group and a Stanford type B acute aortic dissection group.

5. The method of distinguishment of claim 2 or 3, wherein the D-dimer cutoff value is a D-dimer reference value, and the H-FABP cutoff value is a cutoff value for evaluation of acute myocardial infarction.

6. The method of distinguishment of any one of claims 1 to 5, wherein the human suspected of having acute aortic dissection and suspected of having acute myocardial infarction is a human having an episode of chest pain.

7. The method of distinguishment of any one of claims 1 to 6, which comprises detecting D-dimer by an immunochemical method using an antibody that recognizes D-dimer, and detecting H-FABP by an immunochemical method using an antibody that recognizes H-FABP.

8. The method of distinguishment of claim 7, wherein the immunochemical method is the enzyme immunochemical method, the latex aggregation method, or the immunochromatography method.

9. A reagent for distinguishing among Stanford type A acute aortic dissection, Stanford type B acute aortic dissection, and myocardial infarction, which comprises

an antibody that recognizes D-dimer, and which is used in combination with a reagent comprising an antibody that recognizes H-FABP.

10. A reagent for distinguishing among Stanford type A acute aortic dissection, Stanford type B acute aortic dissection, and myocardial infarction, which comprises an antibody that recognizes H-FABP, and which is used in combination with a reagent comprising an antibody that recognizes D-dimer.

11. A kit for distinguishing among Stanford type A acute aortic dissection, Stanford type B acute aortic dissection, and myocardial infarction, which comprises a reagent comprising an antibody that recognizes D-dimer and a reagent comprising an antibody that recognizes H-FABP.

12. A commercial package comprising the kit for distinguishment of claim 11 and a written matter on the kit, wherein the written matter and/or the package bears the statement that the kit can be used, or should be used, for the purpose of distinguishing among Stanford type A acute aortic dissection, Stanford type B acute aortic dissection, and acute myocardial infarction.